



CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
8 Fourth St. E, Suite 200
Saint Paul, MN 55101-1024
General Information: 651-266-9090 Fax: 651-266-9124
Visit our web site: www.stpaul.gov/dsi

FOLDER #
(for office use only)

APPLICATION FOR STRUCTURE INSPECTION

NOTE: Structures moved into or within this jurisdiction are required to comply with the provisions of the State Building Code for new buildings or structures.

PRESENT LOCATION OF BUILDING _____

Identification # and/or description of structure: _____

TYPE OF BUILDING:

Single _____ Duplex _____ Apartment _____ Commercial _____ Garage _____

Size: Width _____ Length _____ Height _____ **Number of Stories** _____ **Basement:** Yes or No
(circle one)

NEW LOCATION OF BUILDING _____

Lot _____ Block _____ Addition _____

Mover's Name / Phone Number _____

APPLICANT: Name _____

Address _____

City/State _____ Zip _____

Day time Phone (____) _____

Fax (____) _____

Foundation
Permit#: _____ - _____

FEE SCHEDULE FOR INSPECTIONS OF BUILDINGS TO BE MOVED:

Fees Effective: 06/19/2005

- a) Garages and Group U occupancies.....\$ 58.00
- b) Dwelling other than Group U occupancies..... \$ 87.00
- c) Structures located outside city limits will have an additional fee of \$58.00 per hour including travel time (minimum charge - one [1] hour)

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:



☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration Date: _____ **Account Number:** _____ **Amount: \$** _____

____ / ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Signature of Card Holder (required for all charges)

Date

INSPECTOR'S COMMENTS AND / OR CORRECTIONS TO BE MADE:

EXTERIOR:

INTERIOR:

NEW LOCATION:

PLUMBING, ELECTRICAL, HVAC SHALL BE UPGRADED TO MEET CODE

MOVE STATUS: ☐ OK TO MOVE WITH CORRECTIONS

☐ NOT OK TO MOVE

INSPECTOR'S NAME: _____ **DATE:** _____

INSPECTOR'S PHONE# (651) _____ - _____

Attention Inspector:

Please return signed inspection results to: _____ **at the front counter.**